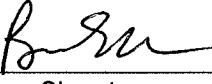


<b>PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)</b>  <b>FY 2009</b>  <i>(Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).)</i>		Docket Number Q94723																																																
		Confirmation Number 8574																																																
Application Number 10/581,716		Filing Date June 5, 2006																																																
For	ADDITIVE COMPONENTS FOR LIQUID CRYSTALLINE MATERIALS																																																	
Art Unit 1722	Examiner Name Shean Chiu WU																																																	
<b>This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.</b> <b>The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):</b>																																																		
<table> <thead> <tr> <th></th> <th style="text-align: right;"><u>Fee</u></th> <th style="text-align: right;"><u>Small Entity Fee</u></th> <th></th> </tr> </thead> <tbody> <tr> <td><input checked="" type="checkbox"/> One month (37 CFR 1.17(a)(1))</td> <td style="text-align: right;">\$130.00</td> <td style="text-align: right;">\$65.00</td> <td style="text-align: right;">\$130.00</td> </tr> <tr> <td><input type="checkbox"/> Two month (37 CFR 1.17(a)(2))</td> <td style="text-align: right;">\$490.00</td> <td style="text-align: right;">\$245.00</td> <td style="text-align: right;">_____</td> </tr> <tr> <td><input type="checkbox"/> Three month (37 CFR 1.17(a)(3))</td> <td style="text-align: right;">\$1110.00</td> <td style="text-align: right;">\$555.00</td> <td style="text-align: right;">_____</td> </tr> <tr> <td><input type="checkbox"/> Four month (37 CFR 1.17(a)(4))</td> <td style="text-align: right;">\$1730.00</td> <td style="text-align: right;">\$865.00</td> <td style="text-align: right;">_____</td> </tr> <tr> <td><input type="checkbox"/> Five month (37 CFR 1.17(a)(5))</td> <td style="text-align: right;">\$2350.00</td> <td style="text-align: right;">\$1175.00</td> <td style="text-align: right;">_____</td> </tr> <tr> <td><input type="checkbox"/> Previous Payment Amount</td> <td colspan="3" style="text-align: right;">Date Submitted _____</td> </tr> <tr> <td><input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27</td> <td colspan="3"></td> </tr> <tr> <td><input type="checkbox"/> A check in the amount of the fee is enclosed.</td> <td colspan="3"></td> </tr> <tr> <td><input checked="" type="checkbox"/> Payment by credit card.</td> <td colspan="3"></td> </tr> <tr> <td><input type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account.</td> <td colspan="3"></td> </tr> <tr> <td><input checked="" type="checkbox"/> The Director is hereby authorized to charge any fees, <b>except for the Issue Fee and the Publication Fee</b>, or credit any overpayment, to Deposit Account Number 19-4880.</td> <td colspan="3"></td> </tr> </tbody> </table>				<u>Fee</u>	<u>Small Entity Fee</u>		<input checked="" type="checkbox"/> One month (37 CFR 1.17(a)(1))	\$130.00	\$65.00	\$130.00	<input type="checkbox"/> Two month (37 CFR 1.17(a)(2))	\$490.00	\$245.00	_____	<input type="checkbox"/> Three month (37 CFR 1.17(a)(3))	\$1110.00	\$555.00	_____	<input type="checkbox"/> Four month (37 CFR 1.17(a)(4))	\$1730.00	\$865.00	_____	<input type="checkbox"/> Five month (37 CFR 1.17(a)(5))	\$2350.00	\$1175.00	_____	<input type="checkbox"/> Previous Payment Amount	Date Submitted _____			<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27				<input type="checkbox"/> A check in the amount of the fee is enclosed.				<input checked="" type="checkbox"/> Payment by credit card.				<input type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account.				<input checked="" type="checkbox"/> The Director is hereby authorized to charge any fees, <b>except for the Issue Fee and the Publication Fee</b> , or credit any overpayment, to Deposit Account Number 19-4880.			
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I am the	<input type="checkbox"/> applicant/inventor <input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71. <input type="checkbox"/> Statement under 37 CFR 3.73(b) is enclosed (Form PTO/SB/96). <input checked="" type="checkbox"/> attorney or agent of record. Registration Number <u>33,725</u> <input type="checkbox"/> attorney or agent under 37 CFR 1.34. <input type="checkbox"/> Registration number if acting under 37 CFR 1.34 <u>_____</u>																																																	
<small>WASHINGTON OFFICE</small> <b>23373</b> <small>CUSTOMER NUMBER</small>																																																		
 Signature		<u>March 28, 2011</u> Date																																																
<u>Bruce E. Kramer</u> Typed or printed name		<u>(202) 293-7060</u> Telephone Number																																																
Note: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.																																																		
<input checked="" type="checkbox"/>	Total of <u>1</u> form is submitted.																																																	